

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/603,441</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	BEFORE		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		1-24-05			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/									
2		/								
3		/								
4		/								
5		/								
6		/								
7		/								
8		/								
9		/								
10		/								
11		/								
12		/								
13		/								
14		/								
15		/								
16		/								
17		/								
18		/								
19		/								
20		/								
21		/								
22		/								
23		/								
24		/								
25		/								
26		/								
27		/								
28		/								
29		/								
30		/								
31		/								
32		/								
33		/								
34		/								
35		/								
36		/								
37		/								
38		/								
39		/								
40		/								
41		/								
42		/								
43		/								
44		/								
45		/								
46		/								
47		/								
48		/								
49		/								
50		/								
51		/								
52		/								
53		/								
54		/								
55		/								
56		/								
57		/								
58		/								
59		/								
60		/								
61		/								
62		/								
63		/								
64		/								
65		/								
66		/								
67		/								
68		/								
69		/								
70		/								
71		/								
72		/								
73		/								
74		/								
75		/								
76		/								
77		/								
78		/								
79		/								
80		/								
81		/								
82		/								
83		/								
84		/								
85		/								
86		/								
87		/								
88		/								
89		/								
90		/								
91		/								
92		/								
93		/								
94		/								
95		/								
96		/								
97		/								
98		/								
99		/								
100		/								
Total										
Indep										
Total										
Depend										
Total										
Claims										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10/603,441

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED 1-24-05		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105		/				
106		/				
107		/				
108		/				
109		/				
110		/				
111		/				
112	/	/				
113	/	/				
114	/	/				
115	/	/				
116	/	/				
117	/	/				
118	/	/				
119	/	/				
120		/				
121		/				
122		/				
123		/				
124		/				
125		/				
126	/	/				
127	/	/				
128	/	/				
129	/	/				
130	/	/				
131	/	/				
132		/				
133		/				
134		/				
135	/	/				
136		/				
137		/				
138		/				
139		/				
140		/				
141		/				
142		/				
143	/	/				
144	/	/				
145		/				
146		/				
147		/				
148		/				
149		/				
150		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED 1-24-05		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		/				
152		/				
153		/				
154		/				
155		/				
156		/				
157	/	/				
158		/				
159		/				
160		/				
161		/				
162		/				
163		/				
164		/				
165		/				
166		/				
167		/				
168		/				
169		/				
170		/				
171	/	/				
172		/				
173		/				
174		/				
175		/				
176		/				
177		/				
178		/				
179		/				
180		/				
181		/				
182		/				
183		/				
184	/	/				
185		/				
186		/				
187	/	/				
188		/				
189		/				
190		/				
191	/	/				
192		/				
193		/				
194		/				
195		/				
196		/				
197		/				
198		/				
199	/	/				
200		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

2

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/603441</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">1-24-05</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
20 1										
20 2										
20 3										
20 4										
20 5										
20 6										
20 7										
20 8										
20 9										
2 10										
2 11										
2 12										
2 13										
2 14										
2 15										
2 16										
2 17										
2 18										
2 19										
2 20										
2 21										
2 22										
2 23										
2 24										
2 25										
2 26										
2 27										
2 28										
2 29										
2 30										
2 31										
2 32										
2 33										
2 34										
2 35										
2 36										
2 37										
2 38										
2 39										
2 40										
2 41										
2 42										
2 43										
2 44										
2 45										
2 46										
2 47										
2 48										
2 49										
2 50										
Total Indep	12									
Total Depend	188									
Total Claims	200									

  

51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.